DHS COVID-19 QUARANTINE AND ISOLATION (QI) MEDICAL SHELTERS POLICY AND PROCEDURE

Subject: **Harm Reduction – Opiate Use Management**	Original Issue Date: N/A	Policy 16
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Departments Consulted: Vagabond QI Clinical; QI Medical Shelter Director	Reviewed & Approved by: Housing for Health Medical Director; QI Medical Shelter Medical Director	

PURPOSE: The Los Angeles County Department of Health Services (DHS) Quarantine and Isolation (QI) Medical Shelters recognize the impact of COVID-19 on individuals' overall health. Specifically, with respect to harm reduction, we aim to integrate the fundamentals of harm reduction while caring for those at risk of early exit or emergency room visits due to opiate withdrawal or complications from other substance use or at-risk behaviors when they are ordered to quarantine or self-isolate due to COVID-19 at County designated facilities. It is the intent of this policy to 1) outline the management of unprescribed opiates for people in quarantine or self-isolation to keep guests at or near baseline consumption and avoid an early exit or emergency room visit due to opiate withdrawal or other substance use or characterological complications and 2) ensure all staff are familiar with Harm Reduction principles and practices and understand how to apply them in the care of clients while at the QI Medical Shelters.

POLICY: All staff must understand and apply the concepts of Housing for Health Harm Reduction Position Statement (Appendix A) and opiate use management while caring for clients in the QI Medical Shelters in order to help stop the spread of communicable diseases such as COVID-19 and HIV as well as to prevent withdrawal, overdoses and other adverse events associated with substance use while on site and in the community at large.

SCOPE:

I. Applies to all County employees and contracted management, clinical and non-clinical staff involved with management of supplies, client assessments, or delivery of materials to individuals in quarantine status
II. Applies to individuals or clients who are in quarantine who plan on continuing the consumption of unprescribed opiates throughout any part of their duration in quarantine or self-isolation

PROCEDURE:

I. SCREENING
Any person who reduces or discontinues opiate consumption after chronic use is at risk for opiate withdrawal symptoms. Any person who continues opiate consumption is at risk for overdose or death.

II. It is understood that referring entities screen for SUD prior to QI Medical Shelter placement. Clients are counseled re whether they have the ability to succeed without continued substance use while quarantining/isolating. Policies such as search/seizure, harm reduction, mandatory SUD counseling and our preference that we manage people with Suboxone/Methadone while on site are reviewed in advance of arrival.

a. Medical intake will include an opiate consumption assessment to identify persons at risk of adverse effects due to opiate consumption, assess risk of opiate withdrawal, assess if

they are currently in a substance use disorder treatment program (e.g., outpatient program, sober living environment, etc.), and assess their willingness to undergo medically assisted treatment protocol while at the medical shelter.

b. Questions to ask client upon intake:
    i. What substances do you use?
    ii. Are you willing to consider a detox / sobering protocol while in the QI Medical Shelter, including medications to prevent or minimize withdrawal symptoms and cravings if necessary?
    iii. How frequently and what quantities do you use? When was your last use?
    iv. What substances, and what quantities, do you have with you?
    v. Do you have safe use supplies with you?
    vi. Do you feel comfortable sharing how you use drugs? (e.g., inject, smoke, snort, booty bump, etc.)
    vii. Do you use any substances in combination with each other, including alcohol?
    viii. Have you considered alternative modes of use? For example, if you normally inject would you be willing to try smoking instead?
    ix. Have you ever overdosed? If yes, please share.
    x. Have you ever experienced opiate withdrawal? If yes, what were your symptoms?
    xi. If you continue to use opiates while in the QI Medical Shelter, are you willing to create an Overdose Prevention Plan and consent to wellness checks?
    xii. If you continue to use opiates while in QI Medical Shelter, are you open to calling a friend / loved one / member of the medical staff and having them remain on the line with you while you use?
    xiii. Are you currently in a residential or outpatient treatment program for substance use? Name and contact of program?
c. If client agrees to detox/sobering protocol, buprenorphine/naloxone or buprenorphine will be prescribed. (See protocol, Appendix C).

III. PROVIDING SAFE USE SUPPLIES

a. General provisions:
    i. Safe use / harm reduction supplies and/or medications for medically assisted treatment will be ordered by provider.
    ii. All clients actively using opiates will be provided Narcan and instructed in its use.
    iii. Medical staff shall deliver the supplies/medications per provider orders directly to the end user/guest.
    iv. Guests shall also be provided with “Never Use Alone” information (see Appendix D)
b. Considerations for guests enrolled in or referred by a substance use disorder program:
    i. To the extent possible, provide a supportive environment to help maintain a guest's recovery during quarantine. Provide supportive measures and offer to link guests to their counselor or program for additional support.

ii. Provide harm reduction / safe use supplies per this protocol when other supportive measures are not feasible or available.

IV. MONITORING

a. Guests using opiates or undergoing medically assisted treatment may require more frequent wellness checks.
b. Guests actively engaged in a substance use disorder program may require more frequent wellness checks.
c. Wellness checks will be conducted by medical staff at a frequency determined and ordered by provider.
    i. In the event guests do not respond to wellness checks, medical staff will enter guest rooms using master keys.
d. Managing difficult situations:
    i. Consult RN and/or Provider if guest appears too intoxicated or presenting with other behavioral concern at any time.
e. Consult RN or provider for any guest with overdose symptoms or withdrawal symptoms that may require additional medical or pharmacological support.

V. DOCUMENTATION

a. Provider shall prescribe medically assisted treatment and/or safe use supplies or harm reduction measures.
b. Nursing staff shall transcribe orders in MAR where appropriate.
c. Medical staff shall complete an Overdose Prevention Plan with client, which shall be filed in client's chart.

VI. OPIATE SUPPLY MANAGEMENT

Clients who are unwilling to undergo medically assisted substance use treatment and who insist on continuing to use unprescribed opiates as a condition of remaining in isolation / quarantine will be allowed to do so from their personal supply as long as they agree to complete an Overdose Prevention Plan (Appendix B) and consent to frequent wellness checks on a schedule to be determined by the provider. QI Medical Shelters will not supply opiates other than Suboxone in the even the client runs out. If they already have a relationship with a Methadone clinic, we will facilitate procurement.

VII. HARM REDUCTION SUPPLY MANAGEMENT

a. Harm reduction stock intended for patient use will be stored in a locked cabinet.
b. Stock is managed by medical staff.
c. Stock will include sharps containers, syringes, alcohol prep pads, sterile water, cookers, cotton balls, tourniquets, fentanyl test strips, and naloxone.
d. All clients actively using opiates will be provided with naloxone and instructed about its use.

VIII. PRIVACY

Information about an individual guest's opiate use, receipt of safe use / harm reduction supplies, or behaviors thereof, shall be treated with the same level of integrity as patient health information

IX. QUARANTINE AND ISOLATION EXIT

a. All precautions shall be taken to avoid dangerous activities for persons consuming opiates on day of exit (e.g., driving, riding a bicycle)
b. Clients undergoing medically assisted treatment will be provided a take-home supply of medications per protocol (Appendix C).
c. Clients utilizing safe use / harm reduction supplies may be provided a take-home supply at provider discretion.

REFERENCE:

- San Francisco Aids Foundation, Shelter In Place Harm Reduction Policy. Retrieved at: https://docs.google.com/document/d/1nJe-kfeNnj5ILch8z_RtrPspXIRu895ZzjLtrGyHMHg/edit

Appendix A

Housing for Health Policy Statement Regarding Harm Reduction in Quarantine and Isolation (QI) Medical Shelters During the COVID-19 Pandemic

Los Angeles County Department of Health Services (DHS)

The purpose of this statement is to ensure that all staff are familiar with Harm Reduction principles and practices and understand how to apply them in the care of clients at a QI Medical Shelter. It is intended to accompany the Policy and Procedures specific to Harm Reduction.

Definition:

Harm Reduction strategies aim to reduce the harms associated with certain behaviors such as smoking, substance use, sex, treatment non-adherence, domestic violence, or other behaviors related to mental health or characterological disorders.

The practice of Harm Reduction has evolved over time: It was originally defined in the 1980s, as an alternative to abstinence-only focused interventions for adults with Substance Use Disorder (SUD). It was observed that many people who used substances were not ready to stop. They could, however, be counseled and supported in using in less harmful ways. For example, a heroin injection drug user might be given clean needles in exchange for dirty ones to reduce his risk of acquiring or spreading HIV or Hepatitis C. He might also be introduced to less risky opioids like Methadone or Suboxone as alternatives to heroin thereby reducing risk of overdose and/or death.

Beyond substance use, Harm Reduction principles are now widely applied in the delivery of trauma-informed, patient-centered care of individuals who engage in a variety of behaviors that may pose risk to themselves or others. For example, a commercial sex worker may not be able to insist on condom use from her clients. She might, however, be prescribed Pre-exposure Prophylaxis (PREP) medication to prevent HIV infection. She might also be taught how to minimize the risk of violence by only working in safe physical environments or her choice of voicing a “safe word” to indicate she is feeling threatened or unsafe.

The basic tenets of Harm Reduction revolve around the following:

- All people engage in some level of risky behavior. Most people have difficulty stopping a risky behavior all together.
- All people can be supported to make decisions to minimize harm to themselves or others if they persist in risky behaviors.
- It is important to “meet people where they are at” and work with them over time to move them along the Harm Reduction spectrum.
- For example, a person with alcohol use disorder and cirrhosis may not want to stop drinking but they might be willing to
- have one drink less a day
- intersperse a regular beer with a non-alcoholic beer
- take Lactulose every day
- Not drive if they have a bus pass OR
- Start Naltrexone, a medication that causes people to drink less
- Any positive step in reducing harm is considered a success.

- Evidence shows that over time, with successive adoption of Harm Reduction practices, people can achieve improved safety and health. Abstinence from the harmful behavior, although desirable, is not the goal.
- It is never okay to stand in judgement of someone you are trying to help; check your prejudices at the door and remember that you are there to help the person be the healthiest person they choose to be at that time.
- Just because you are supporting them where they are at, it does not mean you "condone" their behavior. Instead, it means you accept that it exists and work with that person over time to change the behavior and reduce the harm it may be causing to them or others.

Application of Harm Reduction Principles/Practices at the QI Medical Shelters:
Many of the clients served in the DHS QI Medical Shelters have had traumatic lives and/or have behavioral health conditions that complicate their lives and decision-making. A trauma-informed, client-centered approach to their care is critical, as is application of Harm Reduction principles and practices while determining goals of care, delivering care, and managing client crises.
It is also important to consider the QI Medical Shelter stay as a point in time in the life of our clients. Clients referred to QI Medical Shelter from encampments may be in a safe and healthful environment for two weeks but, after discharge from QI Medical Shelter, may return to their lives in the streets. Any opportunity that QI Medical Shelter staff has to impart hope and solidarity, do motivational interviewing, teach Harm Reduction skills/concepts, and move people along the Harm Reduction spectrum has potential long-lasting implications and should not be underestimated. How we respect and treat people while they are with us may impact how they receive help and accompaniment in the future. Within the DHS QI Medical Shelter, the practice of Harm Reduction is most relevant to the care of clients with active substance use disorder, severe persistent mental illness (SPMI), and treatment adherence.

SUD
Clients who are actively using substances are welcome at DHS QI Medical Shelters. On admission, clients' belongings are searched for drugs and drug paraphernalia. As permissible by law, those substances are removed and kept in a secured location to be returned to the client on discharge. During the intake process, the admitting provider should assess the extent of the substance use as well as the risk for withdrawal and other adverse events should they not have access to their substance(s) of choice. Clients should be offered substance use counseling, Harm Reduction counseling, Harm Reduction skills-building, medications/supportive care to manage withdrawal symptoms, and medications for addiction treatment (MAT). Clients at risk for drug overdose should be given a box of Narcan nasal spray and instructed on its appropriate use. Although substance use is not condoned at the QI Medical Shelter, if clients are found to be using, they will not be discharged from the site. Rather, more intensive counseling and monitoring will be provided, and clients will be supported to maximize the practice of Harm Reduction while on site. If clients' ongoing substance use poses significant risk to other QI Medical Shelter staff or other program participants and that risk cannot be mitigated, they will be discharged from the QI Medical Shelter and transferred to other locations, including drug treatment centers that accept clients in COVID quarantine/isolation.

Please refer to separate Policy/Procedure documents regarding care of clients with Alcohol Use Disorder (AUD), Opiate Use Disorder (OUD), Stimulant Use Disorder, as well as Cannabis and Nicotine use.

Serious and Persistent Mental Illness (SPMI)

Clients with SPMI are welcome at DHS QI Medical Shelter. On admission, clients' belongings are searched for drugs and drug paraphernalia as well as any items that might be used as a weapon. As permissible by law, those items are removed and kept in a secured location to be returned to the client on discharge. During the intake process, the admitting provider should assess the extent of the mental health disorder and assess the risk for harm to self or others. Clients should be offered mental health counseling, Harm Reduction counseling, Harm Reduction skills-building, medications/supportive care to manage mental health symptoms, and medications for treatment of SPMI. Clients with active SPMI symptoms should be closely monitored and preventive measures put into place to minimize escalation. Trauma-informed de-escalation practices should be employed in the event of a mental health crisis (see Policy/Procedure for Crisis Management.) If clients' mental health symptoms pose significant risk to other QI Medical Shelter staff or clients and that risk cannot be mitigated, they will be discharged from the QI Medical Shelter and transferred to another locations, such as a psychiatric emergency room.

TREATMENT ADHERENCE

Clients at a QI Medical Shelter may decline treatment of certain medical or behavioral health conditions. For example, a client with very high blood pressure may decline to take a prescribed antihypertensive. If the client is clinically stable and not exhibiting signs or symptoms of hypertensive urgency, the client should be counseled on the risks/benefits of the antihypertensive medication and the receipt of counseling and client's response should be documented in the chart. Only if the client is exhibiting signs or symptoms of hypertensive urgency should 911 be called. Even after the EMT's arrival, the client can still refuse to be taken to the hospital--in which case the client should sign an "Against Medical Advice" form provided by the EMTs. The completed AMA should then be entered into the QI Medical Shelter medical chart (See Policy and Procedure for AMA cessation of care.) Staff should attempt to understand the client's explanatory model for his illness and provide education and counseling to support the client to make the best decision for himself at the time. Clients should not be discharged from the facility for "nonadherence" unless this poses an immediate safety risk for other clients, staff or the community at large.

Appendix B – Overdose Prevention Plan

Patient Name:

Patient DOB:

Overdose Prevention Plan Date:

1. Do you have a safe use / overdose plan? YES NO.
   If yes, please share:

   If no, would you like to work on that together? YES NO

If client opts out of creating OD prevention plan or reports no use, provide basic information about wellness checks, safe use supplies and Narcan but they may decline to go through the rest of this sheet.

2. Have you ever overdosed? YES NO
   If yes, please share:
3. What substances do you use?
4. How do you use? (i.e. inject, smoke, snort, booty bump, etc.)
5. How much / how often do you use?
6. Do you use substances in combination with each other, including alcohol? YES NO
   If yes, please explain:
7. Have you considered, or are you willing to consider alternate modes of use? YES NO
   Please explain:
8. What frequency of safety/wellness check are you willing to undergo?
9. Are there other guests staying at this location that you already know you could set up an overdose plan with? YES NO
   If yes, please explain:

10. Are you willing to call a friend or medical / behavioral health / social work staff and allow them to stay on the line with you while you use? YES NO

11. What other plans will be helpful for you to use safely / prevent overdose while you are here?

Appendix C – Department of Health Services
Housing for Health QI Site Opioid Withdrawal Standing Orders
On-Call Provider Consultation Line for SUD: 213-288-9090 (24/7)

[ ] Provider will check in with client over the phone for 24 hours for days 1-3
Opioid withdrawal does not require any structured assessment or testing to treat. If patient endorses opioid withdrawal, or opioid use, provide treatment buprenorphine-naloxone.

Day 1 of withdrawal: Buprenorphine-Naloxone (suboxone) 8mg-2mg 1 tabs/film sublingual x 1. Repeat hourly, up to 4 times, or until self-reported withdrawal symptoms controlled.
Day 2: Give Buprenorphine-Naloxone 8mg-2mg 2tab/film sublingual daily. For first week, if preports additional symptoms of opioid withdrawal, give half tab/film (4mg – 1 mg q1h PRN).

If patient is not in withdrawal, already passed through withdrawal window, e.g., reports last use of opioids more than 5 days ago follow above dosing without PRN doses.

Call SUD MD on-call

- **If symptoms unresolved with max PRN dose (total of 32 mg buprenorphine in day)**
- **If client develops symptoms of severe opioid withdrawal**
- **If client endorses use of methadone within prior week.**

Appendix D – Never Use Alone

NEVER USE ALONE

Web : www.NeverUseAlone.com
Phone : 1-800-484-3731 Alt : (931) 304-9452
FB : www.facebook.com/Neverusealone

(800)484-3731
No Judgement
No Shaming
No Preaching
Just Love!

Call us if you are going to Use Alone!
1-800-484-3731

One of our operators will stay on the line with you while you use, to try and ensure that you don't die from fentanyl poisoning!

HOW IT WORKS

When you call, one of our volunteer operators will answer your call. You will be asked for your first name, exact location (down to the exact room you're in), and the phone number you're calling from.

After you've given us the required information, you can go ahead and use your substance. We ask that you let us know when you're done. If you stop responding afterward, we will notify emergency services of a possible fentanyl poisoning at the location you've given us!

If you call, and cannot connect with an operator, please call our backup number (931) 304-9452.

CONFIDENTIAL
We don't share your personal info with anyone other than EMS, if we have to call them. We are NOT affiliated with any law enforcement agency, or treatment center!

TREATMENT RESOURCES
If you are interested in getting help, we have a large list of free/low cost, and state funded facilities throughout the country. We will never push this on you though.

HARM REDUCTION RESOURCES
If you need Narcan, or access to safe supplies, we can assist you with locating resources within your state.

NO JUDGEMENT, NO SHAMING, NO PREACHING @ YOU TO QUIT, JUST LOVE!